

Improving venous thromboembolism risk assessments on an older age psychiatric ward – a complete audit cycle

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Aims. Venous thromboembolism (VTE) is a common disease amongst hospital patients. Within acute hospitals, there are well established protocols for risk assessment and prevention of VTE via mechanical and pharmacological prophylaxes.

In psychiatry, assessment of VTE risk is more commonly overlooked despite many inherent risk factors which are unique to acute psychiatric admissions; including antipsychotic medications, physical restraint, catatonic states, and poor nutritional and hydration status[1]. The risk is compounded in older adult psychiatric patients, in which both patient and admission-related risk factors can act synergistically.

Anecdotally, it was reported that VTE assessments were not being completed and documented on the electronic patient record system. Our aim was to introduce a physical VTE risk assessment to attach to paper drug charts, which would act as a prompt for junior doctors, and serve to increase rates of completion.

Method. A baseline retrospective audit of all patients admitted to the older adult inpatient ward over an 11-week period (05/08/2019~20/10/2019) was undertaken. The number of completed electronic VTE risk assessments at admission, and at 24 hours post-admission were calculated.

Subsequently, a new paper VTE risk assessment proforma was developed, combining the Department of Health VTE risk assessment tool[3] with several VTE risk factors associated with psychiatric patients (catatonia, antipsychotic medication, reduced oral intake, psychomotor retardation). Education was provided to the ward doctors, and regular assessments of VTE risk was incorporated into the weekly MDT meetings.

A re-audit was completed to assess the completion rates of the new paper VTE proforma. A snapshot style audit of all inpatients on the ward on Thursday 24th February 2020 was performed.

Result. The baseline audit included 23 patients admitted during the 11-week period, consisting of 21 men and two women. The mean age was 74 years. Three patients (13% of total admissions) had their VTE and bleeding risk assessed on admission.

Following the implementation of a new VTE risk assessment proforma, the re-audit showed that all 19 inpatients (100% of total admissions) had a completed assessment. Although none of the patients required mechanical prophylaxis, one patient was receiving ongoing treatment for pulmonary embolism.

Conclusion. VTE is a preventable disease, which historically has been under-recognised by psychiatric doctors. The introduction of a paper risk assessment proforma increased completion from 13% to 100%. It also prompted regular review of VTE risk during the weekly MDT meetings. This intervention may reduce the incidence of VTE-related pathology on the ward.

References

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Clinical audit of the inclusion of the Lester Tool details in discharge documents at Foss Park Hospital, York

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Aims. Patients with serious mental health illnesses die on average 15–20 years before the rest of the general population. Anti-psychotic medication, lifestyle and difficulty accessing healthcare services all have a detrimental effect on their life expectancy. To improve outcomes for these patients the Lester Tool; a method to assess the cardiovascular health of patients and implement change, was developed. Including the Lester Tool information in discharge letters allows transfer of information to other care providers (mainly GP's) who can implement and monitor any interventions made, improving outcomes for our patients. With this in mind, discharge documents should contain all of the information listed in the Lester Tool.

We aimed to check if 100% of data required by the Lester Tool is included in discharge documents of the inpatients at Foss Park Hospital.

Method. 20 patients from each of the male and female wards at Foss Park hospital, discharged in September or October 2020, were identified. A review of the discharge documents established whether the smoking status, BMI, ECG, blood pressure and blood results of each patient were recorded.

Result. Of the 40 discharges, none had 100% compliance. On average across both wards; only 23% of the Lester tool information was included in the documents. On the female ward, 40% had none of data recorded, while on the male ward, 15% had none of the data recorded. Across both wards, not a single patient had details about their cholesterol ratio recorded, only 50% of BMI's were recorded and only 27% had a smoking status included.

Conclusion. Our results have shown that compliance with the Lester Tool falls short of what is expected. As a result, information about the physical health of our patients is not being communicated effectively with other care providers. This in turn can prevent patients being offered interventions needed to improve their cardiovascular health.

Identifying this shortcoming in the transfer of information will allow us to educate the staff in our organisation and ensure that all the necessary physical health details will be included in future discharge documents. The result being improved outcomes and longer life expectancy of patients with serious mental illnesses, satisfying the purpose of the Lester Tool.

Vitamin D monitoring and management in the inpatient services – reaudit

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Aims. To survey the prevalence of monitoring of vitamin D on an inpatient ward.

To audit the treatment if there is identified vitamin D deficiency or insufficiency

To compare differences between findings in audits

Method. All inpatients admitted to Milford centre between August 2019 and August 2020 were selected as part of the sample size.

Data were collected by FY1 and FY2

Patients' laboratory results were accessed to determine vitamin D levels.

E-notes were used to conclude who were vitamin D sufficient or deficient for treatment

The standard for the audit were as per:

Management of vitamin D deficiency or insufficiency in adults – CKS (2018)

The above was based on National Osteoporosis Society (NOS) guideline *Vitamin D and bone health: a practical clinical guideline for patient management* [National Osteoporosis Society, 2013] and Scientific Advisory Committee on Nutrition (SACN) guideline

Result. 2017

48/188 patients had vitamin D levels measured

36/48 patients had sufficient vitamin D levels

12/48 patients were either deficient or insufficient

12/12 patients were treated where found deficient or insufficient

2020

90/115 patients had vitamin D levels measured

47/90 patients had sufficient vitamin D Levels

43/90 patients had either insufficient or deficient vitamin D levels

22/43 patients had treatment documented in notes where found deficient or insufficient

Conclusion. Difficult to make comparisons with previous audit due to difference in number of patients tested

Vitamin D is routinely tested on Milford ward on admission hence the large number compared to the last audit

52% had noted to have sufficient levels of vitamin D

Concerning were results that only 51% of those deemed to have insufficient or deficient were treated based on notes

Potential reasons could be:

Prescribed in medication card and not documented in notes.

Vitamin D results checked in another ward, no supplementation given, and then transferred to Milford house.

Patients refused treatment but not documented adequately.

Patient discharged before results were received due to quick around

Results were deemed insufficient in terms of the range but very close to normal hence decision made not to start supplementation

Results to be disseminated with medical and nursing colleagues

Re-audit in September 2021

Off-label prescribing of quetiapine in south locality crisis teams

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Aims. The audit was carried out to determine the frequency of off label prescribing of quetiapine and compliance with standards within Trust Policy (UHM PGN 02 PPT PGN 08) – Physical

Health Monitoring of Patients Prescribed Antipsychotics and other Psychotropic Medicines, NICE CG178, General Medical Council Ethical Standards and Royal College of Psychiatrists – College Report CR210.

The main objectives of the audit were to determine if:

Patients have been appropriately informed of off-label status and consent recorded.

Alternative licensed treatment first used/ruled out.

Appropriate communication on transfer of care.

Appropriate physical health monitoring completed.

Background. Quetiapine is associated with various physical side effects. Patients should be fully informed of the expected risks and benefits of treatment, and the limited evidence base for off-label prescribing.

There are additional issues around the transfer of prescribing to primary care.

Method. The sample consisted of 50 consecutive patients selected from the crisis team caseload in the month of December 2018.

Data reviewed in this audit were taken from six months period.

Records audited were obtained from RiO (electronic records) and prescription charts.

Data collection was started in January 2019 and completed in March 2019

The audit tool was a dichotomous scale questionnaire based on NICE guidelines.

Result. 4 patients from the sample (8%) were prescribed off-label quetiapine.

100% had physical health monitoring completed as per Trust policy.

100% off-label indication been clearly documented in notes.

100% Consent to treatment was documented.

100% had medication reviewed in the previous 6 months.

75% had licensed medication used or ruled out before considering off-label quetiapine use

25% risks/benefits of treatment were documented as part of a patient discussion.

25% had documented evidence that alternative treatment options were discussed.

25% had documented evidence of Community consultant/GP consent/agreement was obtained before transfer of prescribing

75% had a documented plan for review of quetiapine for treatment efficacy and side effects

50% had a documented plan in place for ongoing physical health monitoring

Conclusion. Suggested a wider audit may be required with greater patient numbers and which specifically filters for patients prescribed quetiapine.

Audit result has been shared with Crisis team members, Medicines Optimisation Committee and South Locality Quality Standards Committee in the trust.

Clinical audit of cardio-metabolic monitoring in people with intellectual disability (PWID) taking antipsychotic medication

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Aims. To ensure close monitoring of physical health parameters when antipsychotics are prescribed and to liaise with primary care to ensure appropriate interventions are implemented.